



**New** ☐      **Renovation** ☐      **Replacement** ☐      **Plans Submitted**    Yes ☐    No ☐

# G

[illegible]

Installing Company Name\_\_\_\_\_

**Address** \_\_\_\_\_

Business Telephone \_\_\_\_\_

Name of Licensed Plumber or Gas Fitter\_\_\_\_\_

Check one: ☒ Certificate

 Corporation

☐ Partnership \_\_\_\_\_☐ Firm/Co.**INSURANCE COVERAGE:**

I have a current liability insurance policy or its substantial equivalent which meets the requirements of MGL Ch 142.

Yes ☐ No ☐

If you have checked yes, please indicate the type of coverage by checking the appropriate box.

A liability insurance policy ☐ Other type of indemnity ☐ Bond ☐

**OWNERS INSURANCE WAIVER:** I am aware that the licensee does not have the insurance coverage required by Chapter 142 of the Mass. General Laws and that my signature on this permit application waives this requirement.

Check one:

Owner ☐ Agent ☐

Signature of Owner or Owner's Agent \_\_\_\_\_

I hereby certify that all of the details and information I have submitted (or entered) in above application are true and accurate to the best of my knowledge and that all plumbing work and installations performed under the permit issued for this application will be in compliance with all pertinent provisions of the Massachusetts State Plumbing Code and Chapter 142 of the General Laws.

By \_\_\_\_\_

**Title** \_\_\_\_\_

City/Town \_\_\_\_\_  
APPROVED OFFICE USE ONLY)

Type of License

☐ Plumber☐ Gasfitter☐ Master☐ Journeyman

Signature of Licensed Plumber or Gas Fitter

License Number